

EXHIBIT

1

 Corrections and Community Supervision	Grievance Number CL-69503-16	Design/Code I/49	Date Filed 5/19/16
	Associated Cases		Hearing Date 12/7/16
ANDREW M. CUOMO Governor	ANTHONY J. ANNUNCI Acting Commissioner	Facility Clinton Correctional Facility	
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance Assaulted By Security	

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted in part.

CORC notes that the facility administration has conducted an investigation. CORC further notes that the grievant was involved in an appropriately documented Use of Force and Unusual Incident (UOF/UI) on 5/11/16 after assaulting staff. He was seen by medical staff immediately following the incident for a contusion to his eyebrow, a red area to his shoulder and hand and leg pain. All staff named in the UOF/UI indicate that only the force necessary to gain the grievant's compliance was used. It is also noted that his allegations of excessive force are currently being investigated by the Office of Special Investigations. In addition, he was issued a Tier III misbehavior report for his actions on 5/11/16, which is currently being reheard at the facility. CORC advises him to address safety or security concerns to area supervisory staff, at that time and medical issues via sick call.

CORC notes that the grievant has been transferred.

RAL/lc

Received

JAN - 9 2017

Inmate Grievance
Supervisor

**Corrections and
Community Supervision**

INMATE GRIEVANCE PROGRAM
MICHAEL KIRKPATRICK
SUPERINTENDENT

GRIEVANT

VANCE, W.

GRIEVANCE NO. <i>CL-69503-16</i>		DATE FILED 5/19/2016
FACILITY CLINTON CORRECTIONAL FACILITY		POLICY DESIGNATION I
TITLE OF GRIEVANCE ALLEGES ASSAULTED BY SECURITY		CLASS CODE 49
SUPERINTENDENT'S SIGNATURE <i>John F. Kirkpatrick</i>		DATE <i>6/30/16</i>
GRIEVANT VANCE, W.	DIN 12B3682	HOUSING UNIT SHU 08

After review of information provided, this grievance is to be denied. There is no evidence of policy violation or improper staff conduct here.

A security supervisor conducted an investigation into the allegations brought forth by the grievant. The investigation included an interview with the grievant, staff members named in the complaint and a review of the documents available from the incident described by the grievant.

The incident described by the grievant is fully documented Unusual Incident (UI# 16-0125) and Use of Force (UOF# 16-0046). The employees identified in this complaint have documented the incident through both disciplinary and use of force reports. Furthermore, physical force became necessary when the grievant chose to assault staff.

There is absolutely no evidence to support the allegations in this case.

PD/kb

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

GRIEVANT'S SIGNATURE

DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)
Form 2133 (02/15)

GRIEVANCE COMPLAINT

INMATE: WAYNE P. VANCE
DIN: 12B3682
DATE: MAY 15, 2016

6L-64503-16
RECEIVED
MAY 18 2016
I.G.R.C. CLERK

BOX STATUS
UNIT 14 CELL # 8

(H) held awaiting
ms
seals

DESCRIPTION OF PROBLEM:

ON MAY 11, 2016 AT APPROXIMATELY 9:45 AM WHILE COMIN OFF "COMPANY IN THE UPPER F BLOCK", ASSIGNED C.OFFICERS WHO WERE WATCHIN THE BREAKFAST CHOW RUN BEAT ME UP VERY BADLY WITHOUT ANY JUSTIFICATION FOR THERE ACTION, AND THEN ESCORTED ME TO THE BOX AFTER SEEIN MEDICAL AT CLINTON. I WAS NOT TAKEN TO A OUTSIDE HOSPITAL WITH THE SERIOUS INJURIES I RECEIVED FROM APPROXIMATELY 5 OR MORE C.OFFICERS ATTACK ON ME (5'7 IN/ABOUT 155 POUNDS)

MY RIGHT EYE WAS SWOLLEN SHUT WITH A CUT ACROSS IT UNDER MY EYEBROW, MEDICAL BUTTERFLY STITCHED THE CUT AND TOOK X-RAYS OF MY FACE AFTERWARDS. MY LEG IS INJURED WHICH HAS BEEN SWOLLEN SINCE THE INCIDENT, I BELIEVE IT IS FRACTURED AND SOMETHING IS WRONG WITH MY KNEE BECAUSE IT IS SWOLLEN TOO. MY LEG IS ABOUT TO BE X-RAYED ON 5-16-16 AND Hopefully TREATED AFTER VARIOUS COMPLAINTS ABOUT MY INJURY. NO OTHER X-RAYS WERE TAKEN ON THE "DAY of THE INCIDENT" SUCH AS CHEST, HAND, STOMACH AREA, LEGS, BACK, NECK ETC ... JUST FACIAL X-RAY WERE TAKEN ON MAY 11, 2016.

ACTION REQUESTED

I WOULD LIKE FOR I.G.R.C TO INVESTIGATE THIS SITUATION AND ADDRESS IT ON MY BEHALF, I SHOULD NOT BE IN THE BOX BECAUSE C.OFFICERS FELT LIKE VIOLATING ME FOR NO REASON AT ALL. I AM IN PAIN STILL BUT THE IBUPROFEN HELPS ME GET BY. PLEASE HELP ME WITH THIS ONEGOING PROBLEM WITH THE OFFICERS

VANCE, W.

12B3183

Get Mead

8/21/17

 NEW YORK STATE Corrections and Community Supervision	Grievance Number UST-59234-16	Design/Code I/49	Date Filed 9/26/16
	Associated Cases		Hearing Date 6/28/17
ANDREW M. CUOMO Governor	ANTHONY J. ANNUNCI Acting Commissioner	Facility Upstate Correctional Facility	
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance Assaulted By Officers	

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted only to the extent that CORC upholds the determination of the Superintendent for the reasons stated.

CORC notes that the grievant was involved in an appropriately documented Use of Force and Unusual Incident on 8/26/16 for assault on staff. He was immediately examined by medical staff for a superficial scrape on his right shoulder. He subsequently received a Tier III misbehavior report and was found guilty at the 9/9/16 hearing. In addition, CO's B..., C..., Ruf... and Rus... deny assaulting the grievant and CO Rus... denies tampering with his mail. CORC advises the grievant to address safety concerns to area supervisory staff and transfer concerns to his assigned ORC.

CORC notes that a disciplinary hearing may be appealed in accordance with 7 NYCRR, Chapter V, and that this appeal mechanism affords the opportunity to remedy any factual or procedural errors in a disciplinary report.

With regard to the grievant's appeal, CORC has not been presented with sufficient evidence of malfeasance by staff.

TAB/

 <p>Corrections and Community Supervision</p> <p>INMATE GRIEVANCE PROGRAM DONALD G. UHLER Superintendent</p>	Grievance No. UST-59234-16	Date Filed 9/26/2016
	Facility Upstate Correctional Facility	Policy Designation
	Title of Grievance Alleged physical assault	Class Code 49
	Superintendent's Signature <i>Uhlir</i>	Date 10/25/16
	Grievant: VANCE, W	DIN # 12B3682
		Housing Unit: 11-C-04B

Grievant is advised that the allegations contained in this complaint have been investigated. The investigation included an interview of the grievant by the investigating supervisor, as well as interviews of the staff members identified by the grievant.

The grievant was interviewed by a security supervisor regarding this complaint and offered no additional information to his written complaint and provided no witnesses to the alleged incident.

The staff members identified in the complaint provided written memorandum denying they assaulted the grievant.

Upon review of the information submitted, no misconduct by staff was found and no further action will be taken at this time. Grievance is denied.

Appeal Statement

If you wish to refer the above decision of the Superintendent, please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

THESE IS ABSOLUTELY NO WAY I ASSAULTED STAFF WITH MECHANICAL RESTRAINTS APPLIED TO MY HANDS/WRIST. I WAS ASSAULTED BY ESCORTING OFFICERS WITHOUT ANY JUSTIFICATION OR PROVOCATION.

wjl *1293682*
Grievant's Signature

5

10/25/16
Date

10/25/16

M.R. 9/26/16
USM 59234-16

GRIEVANCE AP-04-A
~~PROTEST REQUEST~~

WAYNE P. VANCE 12B3682 UPSTATE C.F.
SUBJECT: ASSAULT BY STAFF

SEPT 20, 2016
II-C-4B

DESCRIPTION OF PROBLEM: ON SEPTEMBER 13, 2016, OFFICER J. RUSSELL HAD COLLECTED MY ASSAULT BY STAFF GRIEVANCE COMPLAINT IN THE MOURNING DURING THE MAIL RUN. I HAVE NOT RECEIVED A RESPONSE FROM IBCRC REGARDING THIS GRIEVANCE. I WOULD LIKE TO RESUBMIT THE SAME GRIEVANCE BECAUSE I'M NOT ACCOUNTABLE FOR THE ACTIONS OF CORRECTIONAL STAFF AND THE GRIEVANCE SHOULD HAVE BEEN RECEIVED AND ADDRESSED. ON AUGUST 26, 2016, OFFICER J. RUSSELL AND ESCORTING OFFICER HAD ESCORTED ME FROM II-A-12B TO II-C-37B DUE TO MY PIMS LEVEL INCREASE. THE OFFICERS HAD GIVEN ME A DIRECT ORDER TO ENTER THE CELL, UPON ENTERING II-C-37 CELL - I WALKED INTO THE CELL TO SAT MY PERSONAL PROPERTY DOWN, AND I NOTICED THAT THE BOTTOM MATTRESS WAS MISSING AND THAT THE CELL DOOR DID NOT CLOSE BEHIND ME AS USUAL. I THEN TURNED ROUND TO FACE THE OFFICERS TO EXPLAIN THAT THE MATTRESS WAS MISSING, AND THE OFFICERS HAD RUSHED INTO THE CELL AND FORCED ME INTO THE TABLE AREA AND THEN FORCED ME TO THE GROUND. WHILE IN THE GROUND, I WAS PUNCHED IN MY FACE A FEW TIMES BY OFFICER J. RUSSELL. OFFICER J. RUSSELL HAD ALSO KNEED ME IN THE LEFT LOWER RIB AREA. RESPONDING STAFF HAD ARRIVED AND STEPPED ON MY LEFT LEG REPEATEDLY WHILE CONTROLLING MY LEGS. RESPONDING STAFF HAD ESCORTED ME TO MEDICAL IN A WHEELCHAIR. MY LEFT LOWER RIB BONE IS STICKING OUT MY SIDE. I HAVE A CARBON COPY OF THE GRIEVANCE COMPLAINT THAT WAS COLLECTED BY OFFICER J. RUSSELL.

ACTION REQUESTED: I WOULD LIKE TO BE REMOVED FROM THIS SHU FACILITY BECAUSE I AM IN HARMS WAY. I AM SUBJECT TO MORE PROBLEMS AT THIS FACILITY.

W. VANCE 12B3682

UPSTATE

 Corrections and Community Supervision ANDREW M. CUOMO Governor ANTHONY J. ANNUNCI Acting Commissioner	Grievance Number: CL-69572-16	Design /Code I/22	Date Filed 5/25/16
	Associated Cases		Hearing Date 2/1/17
	Facility Clinton Correctional Facility		
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance Medical Treatment For Injuries	

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon full hearing of the facts and circumstances in the instant case, and upon recommendation of the Division of Health Services, the action requested herein is hereby accepted only to the extent that CORC upholds the determination of the Superintendent for the reasons stated.

CORC notes that the grievant was involved in a properly documented Use of Force and Unusual Incident on 5/11/16 after assaulting staff. He was seen immediately following the incident for a contusion to his eyebrow, a red area to his shoulder, and hand and leg pain. Facial x-rays on 5/11/16 were normal, and x-rays of his left leg on 5/16/16 confirmed a non-displaced fibular fracture. He was seen by orthopedics on 5/20/16 and there was no medical indication to cast his leg. A CT scan of his leg on 7/25/16 revealed normal healing, and he had a follow up orthopedic appointment on 8/19/16. It is noted that he had x-rays of his left rib and right hand on 6/1/16, refused x-rays of his leg on 6/24/16 and 8/23/16, was seen by his provider on 9/7/16 and had x-rays of his left ribs and chest on 9/16/16. He was prescribed Ibuprofen for pain, and should address medical issues via sick call.

It is noted that the grievant's allegations of staff misconduct and assault are addressed in CL-69503-16, which was answered by CORC on 12/7/16.

CORC asserts that, consistent with Health Services Policy Manual Item #6.01, the Facility Health Services Directors (FHSD) have the sole responsibility for providing treatment to the inmates under their care.

With respect to the grievant's appeal, CORC asserts that he has access to proper medical care and finds no medical negligence by staff.

JAD/lc

Received

FEB 24 2017

Inmate Grievance
Supervisor



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUNCI
Acting Commissioner

Upstate

MEMORANDUM

FROM: Karen Bellamy, Director, Inmate Grievance Program
SUBJ: Receipt of Appeal

GRIEVANCE 12B3682 1/9/2017
Clinton Correctional Facility
Your grievance CL-69572-16 entitled
Medical Treatment For Injuries
was rec'd by CORC on 8/19/2017

Received

JAN 17 2017

Inmate Grievance
Supervisor

The facility investigation has revealed that; The grievance was received and the medical record reviewed. The grievant has been evaluated and Ibuprofen was ordered for pain. The grievant is scheduled for an additional radiology exam and an orthopedic follow up this month. These studies and consultation will help determine the grievant's medical needs during the healing process.

I HAD A RADIOLOGY EXAM ON MAY 16, 2016, AND THAT EXAM OR X-RAY REVEALED A CRACK IN MY FIBULA BONE (FRACTURED). I RECEIVED NO TREATMENT FOR MY FRACTURED LOWER LEFT LEG. I ALSO HAD X-RAYS ON JUNE 1, 2016 AND I HAVE NOT RECEIVED X-RAYS ~~RESULTS OR TREATMENTS~~ FOR ANY OF THOSE INJURIES AS WELL. I HAVE NOT HEARD FROM MEDICAL ABOUT ANY FURTHER FOLLOW UP TREATMENT FROM JUNE 1, 2016 X-RAYS RESULTS AND I AM STILL IN PAIN.

Date returned to offender: _____ I.G.R.C. Members: _____

Chairperson: _____

Return within 7 days and check appropriate boxes.

I disagree with IGRC response and wish to appeal to the Superintendent.

I have reviewed deadlocked responses. Pass-Thru to Superintendent.

I agree with the IGRC response and wish to appeal to the Superintendent.

I apply to the IGP Supervisor for review of dismissal.

Grievant's Signature: Dog RJ Date: 6/14/16

Grievance Clerk's Receipt: _____ Date: _____

To be completed by Grievance Clerk

GrievanceAppealed to the Superintendent: _____ Date: _____

Grievance forwarded to the Superintendent for action: _____ Date: _____

*An exception to the time limit may be requested under Directive #4040, section 701.6(g).

JUNE 1, 2016, X-RAYS WERE TAKEN OF MY RIGHT HAND, RIGHT SHOULDER, LEFT LOWER RIB AREA, LOWER BACK, AND CHEST

 Corrections and Community Supervision	Grievance Number CL-67416-15	Desig./Code I/26	Date Filed 8/20/15
	Associated Cases		Hearing Date 12/30/15
ANDREW M. CUOMO Governor	ANTHONY J. ANNUNCI Acting Commissioner	Facility Clinton Correctional Facility	
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance Confined To Cell	

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted only to the extent that CORC upholds the determination of the Superintendent for the reasons stated.

CORC notes that the grievant was keeplocked from 8/10/15 to 8/13/15 pending a disciplinary hearing and security investigation, and that the misbehavior report was subsequently dismissed. CORC further notes that there is no documentation to support his claims he was confined until 8/21/15, and that Sergeant W... denies retaliating against him. It is noted that his 8/21/15 cell search was authorized by the Deputy Superintendent for Security as part of an on-going investigation, and that no contraband was found or damage was done.

In regard to the grievant's appeal, CORC upholds the discretion of the IGRC to determine the relevance and materiality of the evidence offered in accordance with Directive #4040. CORC finds insufficient evidence of malfeasance by staff, and advises him to address security matters to an area supervisor for the most expeditious means of resolution.

RAS/

 Corrections and Community Supervision INMATE GRIEVANCE PROGRAM MICHAEL KIRKPATRICK SUPERINTENDENT	GRIEVANCE NO.	DATE FILED 8/20/15
	CL-67416-15 FACILITY CLINTON CORRECTIONAL FACILITY	POLICY DESIGNATION I
	TITLE OF GRIEVANCE ALLEGES CONFINED TO CELL	CLASS CODE 26
	SUPERINTENDENT'S SIGNATURE <i>[Signature]</i>	DATE 10/4/15
GRIEVANT VANCE, W	DIN 12B3682	HOUSING UNIT UF-9-23

I concur with the response from the I.G.R.C.

The investigating supervisor states upon completion of his investigation it was determined that the grievant was kept locked pending a misbehavior report which was later dismissed before it was heard. He was also locked up for investigation. He was released on 8/13/15.

Upon review of the information submitted, no misconduct by staff was found and no further action will be taken at this time. Grievance is denied.



**PLEASE SEE ATTACHED COMMISSARY
RESTRICTED BUY RECEIPT FROM 8/19/15.
I DO HAVE OTHER PROOF IF YOU WILL NEED
IT WITH THIS APPEAL PROCESS . IT'S OBVIOUS
THAT I REMAINED KEEP LOCKED PENDING A TIER
HEARING.**

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

**I WAS NOT RELEASED FROM KEEPLOCK ON 8/13/15 ; TO PROVE THIS FACT, I GRC
SHOULD HAVE CONTACT COMMISSARY. I HAD TO PURCHASE A RESTRICTED BUY ON
8-19-15 BECAUSE I WAS STILL KEEPLOCKED FROM THE 10TH OF AUGUST, 2015**

Wgj 8-19-15 12B3682
GRIEVANT'S SIGNATURE

8/6/15
DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)
Form 2133 (02/15)

I.G.R.C. Response:

The investigation has revealed that; the grievant is advised that UF Block security staff, West side security supervisors, and the Tier Office were contacted. The investigation revealed that the grievant refused to attend mandatory chow and was KL pending a tier hearing. In addition to that incident a security supervisor place the grievant on 72 keep lock status to conduct an investigation. The supervisor removed that status on 8/13/15.

The grievant is advised that the investigation found the misbehavior report was not processed through the tier office and the investigation could not substantiate that the grievant was keep lock status after 8/13/15.

Date returned to offender: _____ I.G.R.C. Members: _____

Chairperson: _____

Return within 7 days and check appropriate boxes.

I disagree with IGRC response and wish to appeal to the Superintendent.

I have reviewed deadlocked responses.
Pass-Thru to Superintendent.

I agree with the IGRC response and wish to appeal to the Superintendent.

I apply to the IGP Supervisor for review of dismissal.

Grievant's Signature: _____ Date: _____

Grievance Clerk's
Receipt: _____ Date: _____

To be completed by Grievance Clerk

GrievanceAppealed to the Superintendent: _____ Date _____

Grievance forwarded to the Superintendent for action: _____ Date _____

*An exception to the time limit may be requested under Directive #4040, section 701.6(g).



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

August 4, 2017

Mr. Wayne Vance, #12-B-3682
Great Meadow Correctional Facility
11739 State Route 22
PO Box 51
Comstock, NY 12821-0051

Dear Mr. Vance:

This is to acknowledge receipt of your recent undated correspondence.

Please be advised that GM-62031-17, UST-59234-16, UST-60257-17 and UST-60398-17 are all currently pending CORC dispositions. Every effort is made to process grievances in a timely manner; however, due to the high volume of letters and grievances received in this office, some cases may not be answered within the timeframes established in Directive #4040.

Sincerely,

A handwritten signature in cursive ink that appears to read "Rachael Seguin".

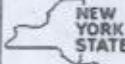
Rachael Seguin
Assistant Director
Inmate Grievance Program

RAS:mf

cc: Supt. Christopher Miller, Great Meadow C.F.
Supv. Jeffery Hale, Great Meadow C.F. (w/attachment)

NOTED: I STILL HAVE
NOT RECEIVED A DISPOSITION
FROM CORC FOR THIS
APPEAL REGARDING
THE LAW LIBRARY MATERIAL

I RECEIVED TWO (2) OF THE SAME FORMS (2133) FOR MY APPEAL STATEMENT SO I DECIDED TO CARBON COPY MY APPEAL STATEMENT ONTO THE SECOND FORM FOR MY RECORD.

 Corrections and Community Supervision INMATE GRIEVANCE PROGRAM DONALD G. UHLER Superintendent Grievant: VANCE, W	Grievance No. UST-60398-17	Date Filed 2/17/2017
	Facility Upstate Correctional Facility	Policy Designation I
	Title of Grievance NOT RECEIVING LAW LIB REQUEST	Class Code 40
	Superintendent's Signature <i>[Signature]</i>	Date 3/2/17
	DIN # 12B3682	Housing Unit: 11-C-34B

I concur with the response from the I.G.R.C.

The grievant is advised that if he received the wrong items from the Law Library it was due to a clerical error and the Law Library will their best to not let it happen again.

Upon review of the information submitted, no further action will be taken. The grievance is denied.

APPEAL STATEMENT

I DISAGREE WITH THE DECISION OF THE SUPERINTENDENT DUE TO THE FACT THAT I'VE BEEN RECEIVING INCORRECT INFORMATION AND MATERIAL UPON MY REQUESTS FROM THE LAW LIBRARY THROUGHOUT THE COARSE OF THIS IMPPOSED SANCTION IN THE SPECIAL HOUSING UNIT AT UPSTATE CORRECTIONAL FACILITY. THE DESCRIPTION OF THE PROBLEM IN THE GRIEVANCE COMPLAINT ARE ONGOING ISSUES WHICH MUST BE ADDRESSED IN THE APPROPRIATE MANNER. I WAS NOT GIVEN A OPPORTUNITY TO ATTEND ANY HEARING ON MY BEHALF.

Appeal Statement

If you wish to refer the above decision of the Superintendent, please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

SEE ABOVE APPEAL STATEMENT

[Signature]
WAYNE P. VANCE 12B3682

3-6-17

Date

Grievance Clerk's Signature

Date

*An exception to this time limit may be requested under Directive #4040, section 701.6(g).

GRIEVANCE COMPLAINT

WAYNE P. VANCE 128368Z
BPSUPERVISOR MRS S. DEBYAH

(40)
NOT RECEIVING
LAW LIBRARY
REQUESTS

FEBRUARY 13, 2017

II-C2-346

SUBJECT: I AM STILL HAVING PROBLEMS WITH THE LAW LIBRARY COPYING SERVICES;
AND I AM HAVING PROBLEMS OBTAINING REQUESTED LEGAL MATERIAL FROM LAW LIBRARY

M.R.

2/17/17

UST. 60398-17

DESCRIPTION OF PROBLEMS:

IN FEBRUARY 9, 2017, I SUBMITTED MOTION PAPERS TO BE COPIED THROUEH THE LAW LIBRARY COPING SERVICES. I HAVE NOT RECEIVED THE ORIGINAL MOTION PAPERS THAT WERE SUBMITTED OR THE REQUESTED COPIES YET. IT USUALLY DOES NOT TAKE THIS LONG TO RETURN THE REQUESTED COPIES. THIS IS THE SECOND TIME THAT I'VE SUBMITTED MOTION PAPERS TO BE COPIED FROM THE LAW LIBRARY THAT WERE HELDED LONGER THAN USUAL. I HAVE DEADLINES THAT I'LL BE UNABLE TO MEET IF I CANNOT OBTAIN COPIES OF DOCUMENTS IN A REASONABLE TIME FRAME. THIS IS MY SECOND GRIEVANCE COMPLAINT REGARDING THE LAW LIBRARY COPING SERVICES AT UPSTATE CORRECTIONAL FACILITY. I RECEIVED THE SUBMITTED DISBURSEMENT BUT I HAVE NOT RECEIVED THE ORIGINAL MOTION PAPERS AND REQUESTED COPIES.

ACTION REQUESTED: I WOULD LIKE FOR I.E.R.C TO INVESTIGATE THIS MATTER.

I HAVE NOTICED THAT IM NOT RECEVING THE STATUTORY REQUIREMENTS UPON MY LAW LIBRARY REQUESTS FOR CIVIL LAW STATUES. I AM BEING PROVIDED WITH THE STATUE ANNOTATIONS REGARDING THE CASES INSTEAD OF THE STATUE PROVISIONS THEMSELVES. ALSO, I HAVE RECEIVED CRIMINAL PROCEDURE LAW STATUES THAT ARE NOT ACCURATE.

ACTION REQUESTED: I WOULD LIKE FOR I.E.R.C TO INVESTIGATE THIS MATTER. I HAVE THE REQUESTED LAW LIBRARY MATERIAL THAT I RECEIVED FROM THE LAW LIBRARY. IF YOU NEED IT FOR YOUR INVESTIGATION. I WOULD LIKE TO START RECEIVING THE CORRECT STATUE PROVISIONS IN ORDER TO PREPARE FOR LEGAL MATTERS.

W.P.V.
WAYNE P. VANCE 128368Z

EXHIBIT Q

Response of IGRC: Grievant received the copies in question on 11/17/16. He signed the distribution sheet confirming that he received them.

**SEE ATTACHED
GRIEVANCE COMPLAINT**

REMEDIED

Date Returned to Inmate 11-22-16 IGRC Members: 1) Shane
 Chairperson Darby 2) Kurt
 3) Wynn
 4) W

Return within 7 calendar days and check appropriate boxes.*

- I disagree with IGRC response and wish to I have reviewed deadlocked responses.
 appeal to the Superintendent. Pass-Thru to Superintendent.
- I agree with the IGRC response and wish to I apply to the IGP Supervisor for
 appeal to the Superintendent. review of dismissal.

Signed _____
 Grievant _____ Date _____

Grievance Clerk's Receipt _____ Date _____

To be completed by Grievance Clerk:

GrievanceAppealed to the Superintendent _____ Date _____

Grievance forwarded to Superintendent for action _____ Date _____

* An exception to the time limit may be requested under Directive #4040, section 701, 6(g)

11/18/16
USF-59655-16
AME: WAYNE P. VANCE 10B3652
DATE: NOVEMBER 16, 2016

GRIEVANCE
COMPLAINT

(4TH MISSING
COPIES FROM
LAW LIBRARY)

LOCATION: II-C1-4B

SUBJECT: COPYING SERVICES

DESCRIPTION OF PROBLEM: ON NOVEMBER 3, 2016, I HAD FOLLOWED THE LAW LIBRARY COPYING SERVICE PROCEDURE FOR COPIES OF EXHIBIT'S A-O, CPL 440 MOTION, OPPOSING AFFIDAVIT AND THE COURT'S ORDER DENYING THE CPL 440 MOTION FROM MY LEGAL CASE. THE LAW LIBRARY OFFICER HAD RETURNED THE LEGAL MATERIAL WITHOUT FULLY COPYING ALL OF (EXHIBIT G). I HAD NO CHOICE BUT TO SEND OUT (EXHIBIT G) TO BE COPIED AGAIN BECAUSE I DID NOT CHECK THE ENVELOPE UNTIL AFTER THE OFFICER WAS GONE. ON NOV 10, 2016, I HAD SEND OUT (EXHIBIT G) AND A (CPL 460.15 MOTION) TO BE COPIED FROM THE LAW LIBRARY. ON NOVEMBER 15, 2016, THE LAW LIBRARY OFFICER HAD FINALLY RETURNED THE TWO ENVELOPES. THE OFFICER HAD AGREED TO ALLOW ME TO CHECK THE ENVELOPES BEFORE SIGNING FOR THEM. I NOTICED THAT (EXHIBIT G) WAS NOT FULLY COPIED AGAIN (THE LAST COUPLE PAGES WASN'T COPIED). I HAD POLITELY EXPLAINED THE SITUATION TO THE OFFICER AND HE INFORMED ME THAT I WOULD RECEIVE COPIES OF ALL THE PAGES BY THE END OF THE DAY OR THE NEXT DAY. HE WAS ALSO MADE AWARE OF THE DEADLINE. I HAD SIGNED FOR THE CPL 460.15 MOTION COPIES WHILE NOTING THAT I DID NOT RECEIVE COPIES OF EVERYTHING (PARTIAL). I STILL HAVE NOT RECEIVED THE COPIES OF (EXHIBIT G) FROM THE OFFICER IN THE LAW LIBRARY. IT HAS BEEN 8 DAYS IN THIS WHOLE PROCESS OF OBTAINING COPIES OF ALL THE PAGES OF (EXHIBIT G) AND IT SHOULD HAVE ONLY TAKEN ONE(1) TO THREE(3) DAYS AT THE MOST.

ACTION REQUESTED: I WOULD LIKE FOR THE LIBRARY LIBRARY OFFICER TO RETURN (EXHIBIT G) ALONG WITH ALL COPIES OF EXHIBIT G (ALL PAGES). THE COURT DOES NOT ACCEPT PARTIAL FILINGS. THANK YOU!

W.P.V.
WAYNE P. VANCE

INMATE GRIEVANCE COMPLAINT

CL-68284-15

CLINTON CORRECTIONAL FACILITY

ADVISOR REQUESTED

WAYNE VANCE 12B3682

HOUSING UNIT: UF 9-23

DATE: 10/11/15

DESCRIPTION OF PROBLEM:

ON OCTOBER 21, 2015, I SUBMITTED A CLAIM FOR DISBURSEMENT FOR THE FILING FEE OF 50 DOLLARS TO THE AREA C. OFFICE TO BE PROCESSED FOR THE COURT OF CLAIMS. THE COURT OF CLAIMS HAS RETURNED THAT CLAIM BECAUSE THE FILING FEE WASN'T PROCESSED BY INMATE ACCOUNTS. I'VE WRITTEN INMATE ACCOUNTS ABOUT THIS ISSUE but I didn't RECEIVE ANY RESPONSE. I HAVE NUMEROUS PROOF THAT I'VE SUBMITTED THE FILING FEE, WHICH WAS IN A SEPARATE ENVELOPE JUST IN CASE THIS TYPE OF PROBLEM WOULD OCCUR. THE ARTICLE NUMBER OF THE FILING FEE WAS (7015 0640 0005 9798 774). THE CLAIM WAS AGAINST THIS FACILITY STAFF (EMPLOYEES), AND I SHOULDN'T BE HELD ACCOUNTABLE FOR THERE CONTINUOUS MISTAKES OR MISTREATMENT. THE DISBURSEMENT SHOULD HAVE BEEN PROCESSED AND THE FUNDS SHOULD HAVE BEEN SUBMITTED WITH THE CLAIM.

ACTION REQUESTED by INMATE:

I WOULD LIKE TO KNOW WHY THE DISBURSEMENT WASN'T PROCESSED WITH THE CLAIM. I ALSO WOULD LIKE INMATE GRIEVANCE STAFF TO TACT THE COURT OF CLAIM ON MY BEHALF, SO THAT THE COURT BE INFORMED OF THE CONDUCT THAT HAS TRANSPRIRED by the EMPLOYEE(S). THIS WILL ALLOW ME TO RESUBMIT THE FEE WITH THE FILING FEE. I HAVE THE FUNDS FOR THE FILING FEE IN MY ACCOUNT AND IT'S NOT MY FAULT THAT THE FEE WASN'T DEDUCTED AT MY REQUEST. "I ALSO WOULD LIKE TO BE REIMBURSED FOR POSTAGE FEES THAT WAS DEDUCTED (8.99)", IT'S THIS STAFF'S RESPONSIBILITY TO DEDUCT THE FILING FEE(S) WHEN INMATES SUBMIT A DISBURSEMENT.

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES

CLINTON CORRECTIONAL FACILITY

INMATE STATEMENT FOR THE PERIOD 10/01/15 THRU 10/30/15

NAME : VANCE WAYNE P DEPT ID:12B3682 CELL LOC:UF-09-025 NYSID:0169907M *

FACILITY	DATE	TRANSACTION ----		TR-NUM (COMMENTS)	RECEIPT (+)	DISBURS (-)	COLLECTED AMT	STATEWIDE SPENDABLE	STATEWIDE ACCT BAL
		STARTING BALANCE AT CLINTON	BALANCE FORWARD						
CLINTON	10/01/15	COMM BUY	041682	041682	2.25	41.06	.00	1,091.19	1,091.19
CLINTON	10/01/15	PAYOUT RCPT	041682	041682	2.25	5.66	.00	1,052.38	1,052.38
CLINTON	10/08/15	PAYOUT RCPT	~	~	~	~	.00	1,054.63	1,054.63
CLINTON	10/15/15	POSTAGE	041682	041682	2.25	37.21	.00	1,048.97	1,051.22
CLINTON	10/15/15	PAYOUT RCPT	~	~	~	~	.00	1,014.01	1,014.01
CLINTON	10/16/15	COMM BUY	)	)	.50	6.99	.00	1,013.51	1,015.31
CLINTON	10/20/15	COPIES (IRC CCPYS	)	041682	1.80	1.80	.00	1,006.32	1,006.32
CLINTON	10/22/15	PAYOUT RCPT	~	~	2.25	2.25	.00	1,006.57	1,006.57
CLINTON	10/26/15	POSTAGE	041682	041682	2.25	10.80	.00	1,008.57	1,008.57
CLINTON	10/29/15	PAYOUT RCPT	~	~	~	~	.00	1,008.57	1,008.57
MONTHLY ENDING TOTALS									
ENDING BALANCE AT CLINTON									1,008.57
20% OF AVERAGE 6 MO SPENDABLE BALANCE		174.13	20%	OF AVERAGE 6 MO DEPOSIT AMT	44.70				

LAGGED PAYROLL DAYS LAGED - 15 AMOUNT LAGED - 12.66
THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.

THIS MONTHLY STATEMENT DEMONSTRATES THAT I HAD THE FUNDS FOR THE FILING FEE IN MY INMATE ACCOUNT WHEN THIS FACILITY FAILED TO SEND THE \$50.00 CHECK WITH THE CLAIM RECEIVED BY THE COURT OF CLAIM ON OCTOBER 27, 2015.

10-21-15

I.G.R.C. Response:

The investigation has revealed that; there is no indication in grievant's account for the months of October or November that money was deducted in the amount of \$50.00 for a court filing fee. The inmate grievance office does not contact outside courts for inmates.

Date returned to offender: _____ I.G.R.C. Members: _____

Chairperson: _____

Return within 7 days and check appropriate boxes.

I disagree with IGRC response and wish to appeal to the Superintendent.

I agree with the IGRC response and wish to appeal to the Superintendent.

I have reviewed deadlocked responses. Pass-Thru to Superintendent.

I apply to the IGP Supervisor for review of dismissal.

Grievant's Signature: _____ Date: _____

Grievance Clerk's Receipt: _____ Date: _____

To be completed by Grievance Clerk

GrievanceAppealed to the Superintendent: _____ Date _____

Grievance forwarded to the Superintendent for action: _____ Date _____

*An exception to the time limit may be requested under Directive #4040, section 701.6(g).

WAYNEVANCE 12B3682

UF 9-23

FILING FEE ARTICLE NUMBER: 7015 0640 0005 9798
7947

DATE: 10-30-15

DEAR INMATE ACCOUNTS:

I SUBMITTED A DISBURSEMENT WITH THE CLAIM I SENT TO THE COURT OF CLAIMS. I HAVE'NT RECEIVED A RECEIPT FROM THE \$50.00 FILING FEE THAT YOUR OFFICE WAS SUPPOSE TO HAVE TAKEN OUT MY ACCOUNT TO COVER THE FILING FEE FOR THE CLAIM. I'VE RECEIVED THE CERTIFIED RECEIPT AND THE RETURN RECEIPTS FROM THE COURT OF CLAIM AND ATTORNEY GENERAL, BUT I DO NOT KNOW IF YOUR OFFICE HAS TAKEN THE FUNDS OUT MY ACCOUNT FOR THE FILING FEE AND POSTAGE FEE FOR THE ENVELOPE I SEND WITH THE DISBURSEMENT, ON 10/21/15.

I WOULD APPRECIATE IF YOUR OFFICE WOULD LET ME KNOW WHAT GOING ON WITH THE FILING FEE AND WAS IT SENT OUT WITH THE CLAIM THAT WAS MAILED OUT BY YOUR OFFICE ON 10/26/15. I SUBMITTED THE FILING FEE AND CLAIM, ALONG WITH POSTAGES FEES ALL TOGETHER ON THE SAME DAY (10/21/15). THE FILING FEE OF 50.00 DOLLAR MUST GO TO THE COURT OF CLAIMS.

P.S. THE COURT OF CLAIMS HAS STRICT RULES WHEN FILING A CLAIM, SO CAN YOU PLEASE LET ME KNOW WHAT'S GOING ON WITH THE FILING FEE (ARTICLE NUMBER 7015 0640 0005 9798 7947)

THANKS!

STATE COURT OF CLAIMS
CLERK'S OFFICE
P.O.BOX 7344 CAPITOL STATION
ALBANY, NEW YORK 12224

DECEMBER 1, 2015

INCIDENT: WRONGFUL CONFINEMENT AUGUST 10, 2015 - AUGUST 21, 2015; AND HARASSMENT...

DEAR COURT CLERK:

ON OCTOBER 21, 2015, I SENT A CLAIM AND DISBURSEMENT TO BE PROCESSED FOR THE COURT OF CLAIMS. THE CLAIM WAS RETURNED BECAUSE IT WAS NOT ACCCOMPANIED BY THE FILING FEE OF 50 DOLLAR. I SUBMITTED A DISBURSEMENT IN THE AMOUNT OF 50 DOLLARS WITH THE CLAIM, WHEN THE CLAIM WAS PROCESSED BY THE EMPLOYEES AT THIS FACILITY, THE EMPLOYEE(S) DIDN'T PROCESS MY REQUEST OF DEDUCTING THE FILING FEE.

I SHOULD'NT BE HELD ACCOUNTABLE FOR THERE MISTAKE. THE CLAIM IS AGAINST THIS FACILITY AND THE FILING FEE SHOULD HAVE BEEN ACCOMPANIED WITH THE CLAIM. I'VE EVEN TRIED TO SUBMIT "AUTHORIZATION" TO GIVE THE COURT OF CLAIM AUTHORITY TO ACCESS MY ACCOUNT FOR THE FILING FEE.

I WOULD LIKE TO ASK THE COURT, IF THERE IS ANY OTHER METHOD OF PAYMENT THAT I CAN PURSUE, SINCE I'M INCARCERATED AND THIS FACILITY EMPLOYEE(S) WILL NOT DEDUCT THE FILING FEE AS I REQUESTED. "CAN I RESUBMIT THE CLAIM WITH AUTHORIZATION FOR THE COURT TO DEDUCT THE FILING FEE ON MY BEHALF?" I HAVE THE FUNDS IN MY ACCOUNT.

PLEASE WRITE ME BACK TO INFORM ME WHAT IS THE BEST SOLUTION FOR A SITUATION LIKE THIS. YOUR HELP WILL BE GREATLY APPRECIATED. YOUR OFFICE MAY HAVE THE AUTHORIZATION FORM PREVIOUSLY SUBMITTED IN THE ABOVE MATTER. "I HAVE FILED A GRIEVANCE ON THIS MATTER AND HOPEFULLY IT_{AS} WILL BE ADDRESSED AT THIS FACILITY."

COURT OF CLAIMS
CAPITOL STATION
P.O. BOX 7344
ALBANY, N.Y. 12224

NOVEMBER 1, 2015

WRONGFUL CONFINEMENT
INCIDENT OCCURRED: 8/10/15 - 8/21/15

DEAR COURT CLERK:

I'VE RECEIVED THE RETURN RECEIPTS FROM THE COURT AND ATTORNEY GENERAL OFFICE, BOTH CLAIMS WERE RECEIVED by both PARTIES.

THE PROBLEM is that I've HAVE NOT RECEIVED THE RETURN RECEIPT FROM THE FILING FEE WHICH I SUBMITTED TO INMATE ACCOUNT TO BE PROCESS WITH THE POSTAGE FEES. OCTOBER 21, 2015, I SENT THE FILING FEE AND CLAIM TOGETHER, TO MAKE SURE EACH ARTICIE ARRIVE TOGETHER. I HAVE CONTACTED INMATE ACCOUNT AND IM still WAITING ON A RESPONSE TO SEE WHY I HAVE'NT RECEIVED ANYTHING TO INDICATE THAT THE FILING FEE HAS ~~been~~ DEDUCTED FROM my ACCOUNT AND SENT OUT WITH THE CLAIM.

THE FILING FEE ARTICIE NUMBER IS (7015 0640 0005 9798 7947). PLEASE BE PATIENT IF THE COURT HAS'NT RECEIVED THE FILING FEE AT THIS TIME. IT WAS SENT OUT WITH THE CLAIM AND THIS FACILITY has THE RESPONSIBILITY OF MAKING SURE THE CHECK WAS PROCESSED AND SENT OUT TOGETHER WITH THE CLAIM THAT ^{as} THE COURT RECEIVED. THANKS

W. Vano

1232080 - UFA-23

ADVISORY

The White Envelope UNOPENED For The Filing Fee
This piece of mail is returned to you because Directive # 4422, from the Albany Office,
states (circled number):

- No unopened
white envelope -
& Contived needs
Redone
1. - Offender-to-offender mail may not be sealed
 2. - Business mail may not be sealed.
 3. - Free postage for the week has been used - pay own postage.
 4. - Contests / Sweepstakes, Chain letters, are not permitted.
 5. - \$ _____ postage required.
 6. - Must include funds to cover full obligation(s). Contract items are not permitted.
 7. - All mail to other offenders must be approved, in advance, by your counselor.
 8. - Not permitted to solicit for goods, services, or money.
 9. - (COMMITMENT) Name and DIN Number must appear on the upper left hand corner
of the envelope (above address) or mail may be returned to you (DIN Number can not
follow Box #).
 10. - Name of specific addressee is required.

NOTE: A - Please have sender use their name and address / your DIN No.
B - Please fill out Disbursement Form completely.

Read

Screen to son

WAYNE VANCE 12B3682
CLINTON CORRECTIONAL

UF 9-23
DATE: 10-14-15

DEAR WHOM IT MAY CONCERN:

HELLO! TODAY, I HAD RECEIVED YOUR ADVISORY REGARDING THE FILING FEE AND THE ORIGINAL CLAIM WITH 2 COPY, VERIFICATION SUPPORTING EXHIBITS A THROUGH N, TOGETHER WITH PROOF OF SERVICE THAT I TRIED TO MAIL OUT 10/12/15 CERTIFIED MAIL.

I WILL MAKE SURE THAT THE AREA C. OFFICER WILL SIGN THE DISBURSEMENT FOR THE DEDUCTION OF THE FUNDS FOR THE "FILING FEE" AND CERTIFIED MAIL THIS TIME.

I WOULD APPRECIATE IF YOU WOULD PLEASE ~~ATTACH~~ THE "WHITE ENVELOPE FOR THE FILING FEE CHECK TO THE CLAIM". I WOULD LIKE FOR THE FILING FEE TO ARRIVE WITH THE CLAIM ON TIME TO THE COURT. YOU CAN EITHER TAPE IT TO THE MANILLA ENVELOPE OR STAPLE IT, WHEN YOU COMPLETE YOUR JOB.

YOUR HELP AND COOPERATION WITH THIS MATTER IS GREATLY APPRECIATED. THANK YOU!

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

ALBANY, NY 12222

OFFICIAL USE

Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee to postage)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 0.10
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage \$ 2.74	
Total Postage and Fees \$ 8.99	
Sent To: COUNT OF CLAIMS (2 COPIES) & Street and Apt. No., or PO Box No. P.O. BOX 7344 (CAPITOL STATION) City, State, Zip Code ALBANY, NEW YORK 12224	

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions (over 3000)

SECTION ON DELIVERY

Deome

Agent Addressee

Int'l Name) Deome C. Date of Delivery
10/27/15

as different from item 1? Yes
Every address below: No

Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery

2015

DEAR CC

CLAIM, TWO COPIES OF THE CLAIM AND SUPPORTING EXHIBITS A THROUGH H, TOGETHER WITH VERIFICATION AND PROOF OF SERVICE, UPON THE COURT OF CLAIMS AND OFFICE OF THE NEW YORK STATE ATTORNEY GENERAL by CERTIFIED MAIL "RETURN RECEIPT REQUESTED".

I RESPECTFULLY REQUEST THAT YOUR OFFICE SECURE THE EXHIBITS WITH THE ORIGINAL CLAIM. THIS WILL ENSURE THAT THE SUPPORT EVIDENCE OF THE CLAIMANT WILL BE AVAILABLE AT A LATER TIME.

PLEASE SUBMIT THESESE PAPERS TO A JUDGE FOR THE CLAIMANT AND I HAVE ALSO ENCLOSED THE FILING FEE HEREIN.

VERY TRULY YOURS,
Wayne
WAYNE VANCE 1283692



Court of Claims State of New York

ROBERT ABRAMS BUILDING
FOR LAW AND JUSTICE
BOX 7344, CAPITOL STATION
ALBANY, NEW YORK 12224

(518) 432-3411

Richard E. Sise
Acting Presiding Judge

January 28, 2016

Eileen F. Fazzone
Chief Clerk

Wayne Vance 12 B 3682
Clinton Correctional Facility
P.O. Box 2001
Dannemora, New York 12929

Re: Wayne Vance v. The State of New York

Dear Sir:

Enclosed is the official receipt for the payment of \$50.00 received in the Clerk's office on January 4, 2016, representing the filing fee.

A review of the court's records indicates that no claim was received in this office. In order to activate the refund process, please complete the enclosed Request for Refund application and return it in the envelope provided. Once your request has been received and processed, you will receive a refund directly from the Office of the State Comptroller.

Very truly yours,

A handwritten signature in black ink, appearing to read "Eileen F. Fazzone".

Eileen F. Fazzone
Chief Clerk

EFF/lr
Enc.

STATE OF NEW YORK - UNIFIED COURT SYSTEM
REQUEST FOR REFUND OF FEES/FINES PAID INTO COURT

Date January 28, 2016

1. TO: New York State Court of Claims
Appropriate UCS District /Administrative Office (for refunds of State fees) or Local Government Official (for refunds from local monies)

FROM: Eileen Fazzone - Chief Clerk
Chief Clerk or Authorized Designee

2. Consistent with existing statute and the provisions of Part IV / Chapter 3.070.1 of the UCS Financial Planning & Control Manual, a request for the refund of monies previously paid into the court or agency of Court of Claims is hereby submitted

Type of Proceeding No Claim
 Index or Docket No NA
 Orig. Amount Paid 50.00
 Date Paid 01/04/16
 Receipt No. NYSCC 19912

REASON FOR REFUND: see letter

(ATTACH COPY OF RECEIPT AND ANY OTHER APPROPRIATE DOCUMENTATION)

3. THE MONIES TO BE REFUNDED WERE PREVIOUSLY TRANSMITTED FOR CREDIT TO THE (CHECK ONE AND COMPLETE AS APPROPRIATE)

STATE OF NEW YORK COUNTY OF _____ CITY/TOWN OF _____

NAME AND ADDRESS AS THEY SHOULD APPEAR ON THE REFUND CHECK <small>PAYEE NAME AND ADDRESS (LIMIT TO 5 LINES, 30 SPACES EACH)</small>					TOTAL \$ AMOUNT	PAYEE REFERENCE TO APPEAR ON CHECK STUB <small>(LIMIT TO 20 SPACES)</small>		
<u>Wayne Vance 12 B 3682</u>					<u>50.00</u>	<u>Vance, Wayne</u>		
<u>Clinton Correctional Facility</u>								
<u>P.o. Box 2001</u>								
<u>Dannemora, New York 12929</u>								
DEPT	REVENUE COST CENTER TO BE CHARGED	VAR	YR	OBJECT	ACCT#	DEPT	STATE	
02	816508	OJ	44	59610				

5. CHIEF CLERK'S / COURT MANAGER'S CERTIFICATION:

I HEREBY CERTIFY THAT THE FEES REFERENCED HEREIN WERE PREVIOUSLY COLLECTED BY THIS COURT/AGENCY AND WERE TRANSMITTED FOR CREDIT TO THE GOVERNMENT ENTITY FROM WHICH THE REFUND IS TO BE ISSUED AND THAT THIS REFUND IS REASONABLE IN THAT THE FUNDS WERE COLLECTED OR CREDITED DUE TO A LEGITIMATE ERROR.

SIGNATURE OF THE CHIEF CLERK OR AUTHORIZED DESIGNEE

Chief Clerk

TITLE

6. CLAIMANT'S CERTIFICATION:

I HEREBY CERTIFY AND AFFIRM THAT THE REASON FOR THE REFUND SET FORTH IN ITEM 2 ABOVE IS TRUE, THAT THE AMOUNT TO BE REFUNDED WAS PAID IN THIS COURT OR AGENCY BY ME OR ANOTHER AUTHORIZED AGENT OF THE FIRM I REPRESENT, AND THAT THIS REQUEST DOES NOT DUPLICATE ONE PREVIOUSLY SUBMITTED FOR THE SAME PURPOSE

CLAIMANT'S SIGNATURE

DATE

IMPORTANT -ALL SECTIONS MUST BE COMPLETED. COURT PERSONNEL SHOULD SUPERVISE THE COMPLETION OF SECTIONS 1. THROUGH 5. CLAIMANT MUST SIGN AFFIRMATION SECTION 6. FOR REFUNDS OF STATE FEES, THE COMPLETED FORM SHOULD BE SUBMITTED TO THE APPROPRIATE UCS DISTRICT/ADMINISTRATIVE OFFICE. TO AVOID PROCESSING DELAYS, DO NOT SEND DIRECTLY TO THE STATE COMPTROLLER OR TO THE COMMISSIONER OF TAX & FINANCE. FOR THE REFUND OF MONIES PREVIOUSLY CREDITED TO GOVERNMENT ENTITIES OTHER THAN THE STATE OF NEW YORK, SUBMIT THE COMPLETED FORM TO THE APPROPRIATE LOCAL GOVERNMENT FISCAL AUTHORITY (I.E. COUNTY TREASURER, CITY COMPTROLLER). IN ALL CASES, BE SURE TO INCLUDE REQUIRED SUPPORTING DOCUMENTATION (E.G. COPY OF RECEIPT, COURT ORDER).



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

September 19, 2017

Mr. Wayne Vance, #12-B-3682
Great Meadow Correctional Facility
11739 State Route 22
PO Box 51
Comstock, NY 12821-0051

Dear Mr. Vance:

NOTED: ~~YOU~~ STILL HAVE NOT RECEIVED A DISPOSITION FROM CORC REGARDING NOT RECEIVING AN APPEAL DECISION

This is to acknowledge receipt of your correspondence dated September 14, 2017.

Please be advised that GM-62031-17, UST-60257-17 and UST-60398-17 are all currently pending CORC dispositions. A Receipt of Appeal will be generated and sent to the facility IGRC once they have been scheduled to be heard by CORC.

Every effort is made to process grievances in a timely manner; however, due to the high volume of letters and grievances received in this office, some cases may not be answered within the timeframes established in Directive #4040.

Sincerely,

A handwritten signature in cursive ink that appears to read "Rachael Seguin".

Rachael Seguin
Assistant Director
Inmate Grievance Program

RAS:mf

cc: Supt. Christopher Miller, Great Meadow C.F.
Supv. Jeffery Hale, Great Meadow C.F. (w/attachment)

 Corrections and Community Supervision INMATE GRIEVANCE PROGRAM DONALD G. UHLER Superintendent	GRIEVANCE NO.	DATE FILED
	UST-60257-17	01/30/17
	FACILITY	POLICY DESIGNATION
	Upstate Correctional Facility	I <i>M. Aut DSR</i>
TITLE OF GRIEVANCE	CLASS CODE	
APPEAL NOT MAILED PROPERLY	3	
SUPERINTENDENT'S SIGNATURE	DATE	
VANCE, W	DIN #	HOUSING UNIT
	12B3682	11-C-34

The grievant claims that his outgoing legal appeal paperwork was not sent out of the facility.

A thorough investigation of this grievance was completed. Grievant is advised that while incoming legal correspondence is logged at the facility, outgoing general and privileged correspondence is not. Mail is processed daily but the facility has no control over mail after it leaves.

Given the available facts, this grievance cannot be upheld. There is no indication that his mail was improperly processed. Therefore this grievance is denied.

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.*Please state why you are appealing this decision to C.O.R.C.

DOCCS SHOULD HAVE RESPONDED TO THE LETTER OF APPEAL AFTER THE POST OFFICE HAD DELIVERED IT TO THERE OFFICE IN ALBANY COUNTY. DOCCS EMPLOYEES HAD TAKEN POSSESSION OF THE LEGAL ENVELOPE SO IT WAS THEIR RESPONSIBILITY TO RESPOND BY ISSUING AN APPEAL DECISION UPON RECEIPT.

WT — P. V — 12B3682
GRIEVANT'S SIGNATURE

4 - 6 - 17
DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

* An exception to the time limit may be requested under Directive #1040, section 701.6(g).

Response of IGRC: Mail is processed daily and forwarded to its destination whether it be the Post Office or to the inmates in the blocks. A log is only kept for incoming legal correspondence. Incoming mail is picked up at the Post Office daily Monday through Friday. All mail is processed in accordance to Directive #4421 and #4422, and all facility policies. The facility has no control over the processing of mail before it arrives at the facility or after it leaves the facility.

I DISAGREE WITH IGRC RESPONSE BECAUSE I WAS NOT ALLOWED TO ATTEND A HEARING IN THIS MATTER. I HAVE NOT RECEIVED ANY HEARING FOR ANY OF THE GRIEVANCES THAT WAS FILED WITH THE GRIEVANCE COMMITTEE. I DO NOT BELIEVE THE APPROPRIATE INVESTIGATION WAS CONDUCTED IN THIS MATTER REGARDING DDCCS FAILURE TO RESPOND TO MY LETTER OF APPEAL WHICH SHOULD HAVE BEEN MAILED OUT ON OCTOBER 31, 2017

Date Returned to Inmate 1-31-17 IGRC Members: 1)

Chairperson D. P. S.

- 2) Kelil
- 3) J. Myer
- 4) G. J. V.

Return within 7 calendar days and check appropriate boxes *

- I disagree with IGRC response and wish to appeal to the Superintendent. I have reviewed deadlocked responses. Pass-Thru to Superintendent.
- I agree with the IGRC response and wish to appeal to the Superintendent. I apply to the IGP Supervisor for review of dismissal.

Signed _____ Date _____
Grievant

Grievance Clerk's Receipt _____ Date _____

To be completed by Grievance Clerk:

GrievanceAppealed to the Superintendent _____ Date _____

Grievance forwarded to Superintendent for action _____ Date _____

* An exception to the time limit may be requested under Directive #4040, section 701.6(g)

GRIEVANCE COMPLAINT 2017

(3)
APPEAL NOT
MAILED PROPERLY

WAYNE P. VANCE DIN# 1AB3682

TO: ISP SUPERVISOR MRS. S. DEBYAH

JANUARY 26, 2017

LOC: 11BUD-CR-946U

SUBJECT: DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION OFFICE IN ALBANY COUNTY HAS FAILED TO PERFORM THEIR DUTIES AS REQUIRED BY LAW OR SOMETHING HAS WENT WRONG IN THE MAILING PROCESS WHICH IS A POSTAL ISSUE. (LETTER OF APPEAL)

M.R.

1/30/17

UST: 60257-17

DESCRIPTION OF PROBLEM

YOU HAD ADVISED ME TO REWRITE THIS GRIEVANCE BECAUSE GRIEVANCE COMPLAINTS DATED 1/10/17 & 1/15/17 ARE NOT GRIEVEABLE ISSUES

IN JANUARY 25, 2017, IT HAS BEEN 92 DAYS WITHOUT AN ADMINISTRATIVE APPEAL DECISION IN RESPONSE TO A LETTER OF APPEAL FOR A TIER III DISCIPLINARY DISPOSITION THAT WAS RENDERED BY HEARING OFFICER MRS. M. LIBERY AT UPSTATE CORRECTIONAL FACILITY ON OCTOBER 14, 2016. ON OCTOBER 31, 2016, I WAS HOUSED IN SHU CELL #4 IN THE II BUILDING ON CI COMPANY AT UPSTATE CORRECTIONAL FACILITY WHEN I SERVED IN ORIGINAL COPY OF THE LETTER OF APPEAL BY PLACING SAID DOCUMENT INTO A PROPERLY ADDRESSED LEGAL ENVELOPE AND PLACING SAID LEGAL ENVELOPE INTO THE HANDS OF EARLY MOURNING MAILRUN OFFICERS TO BE PLACED IN THE FACILITY MAILBOX TO BE MAILED UPON THE STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION OFFICE IN ALBANY COUNTY, AT THE HARRIMAN STATE CAMPUS - BUILDING #2, 220 WASHINGTON AVENUE, ALBANY, NEW YORK 12226. THE MAILRUN OFFICERS HAD TAKEN POSSESSION OF THE LEGAL ENVELOPE IN THE VIEW OF CAMERAS WHILE OUTSIDE 14 CELL. THIS IS A GRIEVEABLE ISSUE BECAUSE THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION HAS FAILED TO ISSUE AN APPEAL DECISION WITHIN 60 DAYS OF THE RECEIPT OF THE LETTER OF APPEAL PURSUANT TO CHAPTER 5 OF TITLE 7 NEW YORK CODES RULES AND REGULATIONS SECTION Q54.5 APPEAL PROCEDURE. ALSO, THIS IS A GRIEVEABLE ISSUE BECAUSE THE MAILRUN OFFICERS COULD HAVE POSSIBLY FAILED TO PERFORM THEIR DUTIES BY PLACING THE ABOVE SAID LEGAL ENVELOPE INTO THE FACILITY MAILBOX TO BE MAILED UPON THE ABOVE SAID PARTY. THE INVESTIGATION OF THIS GRIEVANCE COULD REVEAL THAT SOMETHING HAS WENT WRONG IN THE MAILING PROCESS WHICH IS A POSTAL ISSUE.

ACTION REQUESTED: I WOULD LIKE FOR THE GRIEVANCE COMMITTEE TO INVESTIGATE THIS MATTER BY REVIEWING THE VIDEO FOOTAGE FROM THE EARLY MOURNING MAILRUN ON THE ABOVE SAID DATE TO SEE IF THE MAILRUN OFFICERS HAD PLACED SAID LEGAL ENVELOPE INTO THE FACILITY MAILBOX TO BE MAIL UPON THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION OFFICE IN ALBANY COUNTY. IF SO, I SHOULD HAVE RECEIVED AN APPEAL DECISION FROM (DOCCS).

GRIEVANT SIGN: W.P.V. 1/30/17

PRINT NAME: WAYNE P. VANCE (II-CR-348)

WITNESS SIGN: T.J.T. 14-1380

PRINT NAME: Treven Johnson II-CR-347

NOTE: I HAVE BEEN DEPRIVED OF MY RIGHT TO A HEARING IN RESPONSE TO MY PREVIOUSLY SUBMITTED GRIEVANCES WHILE AT THIS FACILITY. I WOULD LIKE TO EXERCISE MY RIGHT TO ATTEND A HEARING IN THIS MATTER. THANK YOU!

I AM INMATE Troy Johnson, WHO HAS BEEN CELLMATES WITH INMATE WAYNE P. VANCE IQB3658 FOR APPROXIMATELY 1 1/2 MONTHS INSIDE THE II BUILDING ON C2 COMPANY IN CELL # 34 AT UPSTATE CORRECTIONAL FACILITY. I HAVE WITNESSED THAT INMATE WAYNE P. VANCE HAS NOT RECEIVED AN ADMINISTRATIVE DECISION FOR A DISPOSITION RENDERED BY HQ LIBERTY ON OCTOBER 4, 2016, IN REGARDS TO HIS LETTER OF APPEAL ADDRESSED TO THE DIRECTOR OF SPECIAL HOUSING AND INMATE DISCIPLINARY PROGRAM / COMMISSIONER, THE HARRIMAN STATE CAMPUS, BUILDING #2, 1220 WASHINGTON AVENUE, ALBANY, NEW YORK 12220, WHICH SHOULD HAVE BEEN MAILED TO SAID PARTY BY OFFICER(S) WHO HAD TAKEN POSSESSION OF THE ABOVE SAID LETTER OF APPEAL INSIDE OF THE PROPERLY ADDRESSED ENVELOPE THAT WAS SEALED AS LEGAL MAIL DURING THE MORNING MAILRUN ON OCTOBER 31, 2016. I WITNESSED INMATE WAYNE P. VANCE MAILED OUT TWO SEPARATE GRIEVANCE COMPLAINTS IN REGARDS TO THIS MATTER, HE MAILED OUT A GRIEVANCE COMPLAINT REGARDING POSTAL ISSUES ON JANUARY 13, 2017; AND HE ALSO MAILED OUT ANOTHER GRIEVANCE COMPLAINT WHICH PROVIDED A DETAILED ACCOUNT OF THE ABOVE SAID SITUATION.

NO ONE, AND THAT INCLUDE INMATE WAYNE P. VANCE, HAS THREATENED, COERCED OR INFLUENCED ME AGAINST MY OWN FREE WILL IN ORDER TO GET ME TO SIGN THIS AFFIDAVIT. I SIGNED THIS AFFIDAVIT BASED ON MY OWN PERSONAL KNOWLEDGE AND OBSERVATION.

SIGN: Troy J. Johnson 11-02-34T PRINT: Marisol Caban DATE: 1/16/17
SIGN: Wayne P. Vance 110C209UB PRINT: WAYNE P. VANCE IQB3658 DATE: 1-16-17

SWORN TO ME BEFORE THIS 20th DAY
OF January 2017.
Marisol Caban
PUBLIC NOTARY

Marisol Caban
Notary Public State of New York
New York State No. 01CA8316348
County of Franklin
My Commission Expires on 12/15/2019



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

May 24, 2017

Mr. Wayne Vance, #12-B-3682
Great Meadow Correctional Facility
11739 State Route 22
PO Box 51
Comstock, NY 12821-0051

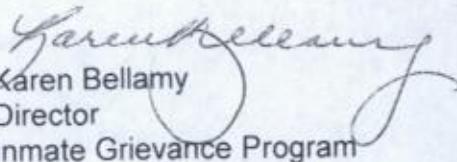
Dear Mr. Vance:

This is to acknowledge receipt of your correspondence dated May 11, 2017.

Contact with the IGP Supervisor reveals that GM-62031-17, regarding missing property, is currently pending a Superintendent's response. In addition, she states that she addressed your concerns regarding it on May 22, 2017.

Directive #4040 provides inmates with an orderly, fair, simple and expeditious method of resolving grievances pursuant to the Correction Law, and makes no provision for an inmate to refer grievances or appeals directly to Central Office.

Sincerely,


Karen Bellamy
Director
Inmate Grievance Program

KRB: AL

cc: Supt. Christopher Miller, Great Meadow C.F.
Supv. Alexandra Kuinlan, Great Meadow C.F. (w/attachment)

NEW YORK STATE Corrections and Community Supervision INMATE GRIEVANCE PROGRAM SUPERINTENDENT	GRIEVANCE NO.	DATE FILED
	GM-62,031-17	April 21, 2017
	FACILITY	POLICY DESIGNATION
	Great Meadow Correctional Facility	1
	TITLE OF GRIEVANCE	CLASS CODE
	Missing Property	29
SUPERINTENDENT'S SIGNATURE	DATE	
<i>Ch. M. W.</i>	5/24/17	
GRIEVANT	DIN	HOUSING UNIT
Vance, W	12B3682	E8-18

After reviewing the issues set forth, along with relevant documentation, this grievance is denied.

Per the investigation, the report submitted by the Area Supervisor indicates that televisions are not held in storage for inmates in SHU. Once admitted into the SHU inmates must choose whether to mail the television, donate it, or have it destroyed. This is supported by CORC decision GM-52867-11.

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

THE DOCUMENTATION CLEARLY SHOWS THAT THE T.V WAS IN FACT STORED IN CLINTON'S DRESSING ROOM. THIS FACILITY REFUSED TO ALLOW ME TO FILL OUT THE NECESSARY PAPERWORK TO HAVE CLINTON MAIL THE T.V TO THIS FACILITY UPON ME BEING CALLED TO THE PACKAGE PB THIS FACILITY TO HAVE THE T.V SENT SOMEWHERE.

WT P. V 12B3682
GRIEVANT'S SIGNATURE

5/31/17
DATE

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)
Form 2133 (02/15)

THIS DOCUMENT WAS RECEIVED BY GRIEVANT ON MAY 30, 2017
(34)

Grievance No.
GM-62,031-17

Date of Hearing MAY 10 2017

ABSENTIA Yes No

The Committee advises grievant that his action requested is unfavorable since the report submitted by the Area Supervisor states TVs are not held in storage for inmates in SHU. Once admitted to SHU the inmate must choose whether he would like the TV mailed home, donated, or destroyed. This is supported in CORC decision GM-52867-11.

MAY 10 2017

Return to Inmate _____

IGRC Members

Chairperson J. S.A.

E. L. Smith C.O.

Asst. D. Ball
R. G. D.
L. P. Gold

Return within 7 calendar days after checking the appropriate box.*

- I disagree with the IGRC response and wish to appeal to the Superintendent.
- I agree with the IGRC response but nevertheless wish to appeal to the Superintendent.
- I have reviewed the deadlocked responses. Pass it Thru to the Superintendent.
- I wish to apply to the IGP Supervisor for a review of my grievance's dismissal.

Signed:

W. J. P. V.
Grievant

MAY 13 2017
Date

Grievance Clerk's Receipt

Date

*An exception to the time limit may be requested under Directive #4040 §701.6(g).

To be completed by the Grievance Clerk.

Grievance appealed to the Superintendent on _____ Date _____

Grievance forwarded to the Superintendent for action on _____ Date _____

ON MAY 12 2017,

I RECEIVED THIS DOCUMENT IN RESPONSE TO MY GRIEVANCE COMPLAINING ABOUT IGRC FAILURE TO ISSUE THIS DECISION. I WOULD LIKE TO APPEAL BECAUSE THIS FACILITY HAS REFUSED TO ALLOW ME TO HAVE THE T.V. SENT TO THIS FACILITY UPON MY REQUEST IN THE PACKAGE ROOM. IGRC HAS VARIOUS DOCUMENTARY EVIDENCE WHICH DEMONSTRATES THAT CLINTON HAS THE T.V. STORED IN THE DRESSING ROOM. PLUS, THE PACKAGE ROOM OFFICER HAD CALLED ME TO THE PACKAGE ROOM BECAUSE CLINTON HAD ASKED THEM TO HAVE ME FILL OUT THE NECESSARY PAPERS TO RECEIVE THE T.V. BACK. (35)

Commissioner's Receipt # 30VTO772220 (S-149-94) TV 147.00
10 COPY EASE
2.44

 Corrections and Community Supervision INMATE GRIEVANCE PROGRAM MICHAEL KIRKPATRICK SUPERINTENDENT	GRIEVANCE NO. CL- 69714-16	DATE FILED 6/16/2016
	FACILITY CLINTON CORRECTIONAL FACILITY	POLICY DESIGNATION I
	TITLE OF GRIEVANCE TV	CLASS CODE 29
	SUPERINTENDENT'S SIGNATURE <i>Michael Kirkpatrick</i>	DATE 7/1/16
GRIEVANT VANCE, W.	DIN 12B3682	HOUSING UNIT SHU 08

The grievant's T.V. is in the property room. He was also advised to bring any further issues to the attention of the area Supervisor as this will expedite any necessary investigation.

PD/kib

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

GRIEVANT'S SIGNATURE

DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)
Form 2133 (02/15)

PERSONAL PROPERTY FORM FOR T.V. OR FULL REIMBURSEMENT

Code 29

CL - 69714-16

I.G.R.C. Response:

The facility investigation has revealed that; the grievant's TV was forwarded to the Dressing Room.

I DO NOT AGREE WITH THE DRESSING ROOM HAVING MY T.V.
WITHOUT ME RECEIVING A PERSONAL PROPERTY TRANSFERRED
FORM TO ACCOUNT FOR THE T.V. THE DRESSING ROOM SHOULD
NOT HAVE MY T.V. WITHOUT GIVEN ME SOMETHING IN
WRITING TO DEMONSTRATE THAT THE T.V. IS SECURED
IN THE DRESSING ROOM, INSTEAD OF WITH MY OTHER PERSONAL
PROPERTY. I NEED A PERSONAL PROPERTY FORM FOR THE T.V."

~~WHAT IF I AM TRANSFERRED TO ANOTHER FACILITY
WITHOUT MY T.V. LISTED ON A (PERSONAL PROPERTY FORM)?
THEN, I WILL HAVE NO OTHER WAY OF ~~PROOF~~ THAT I HAD A T.V.
DEMONSTRATING THANK YOU~~

Date returned to offender: _____ I.G.R.C. Members: _____

Chairperson: _____

Return within 7 days and check appropriate boxes.

I disagree with IGRC response and wish to appeal to the Superintendent.

I have reviewed deadlocked responses.
Pass-Thru to Superintendent.

I agree with the IGRC response and wish to appeal to the Superintendent.

I apply to the IGP Supervisor for review of dismissal.

Grievant's Signature: Wyo Date: 6/17/16

Grievance Clerk's Receipt: _____ Date: _____

To be completed by Grievance Clerk

GrievanceAppealed to the Superintendent: _____ Date _____

Grievance forwarded to the Superintendent for action: _____ Date _____

*An exception to the time limit may be requested under Directive #4040, section 701.6(g).

GRIEVANCE COMPLAINT

SHU 8

WAYNE P. VANCE I QB3682
UNIT 14 CELL #8

MAY 24, 2016

DESCRIPTION OF THE PROBLEM: I WAS INFORMED THAT MY T.V. WAS DELIVERED TO THE DRAFT / DRESSING ROOM AND RECEIVED AN ANSWER FROM C. OFFICER K. REYELL ABOUT THE T.V.... HE STATED THAT AN INMATE GOING TO SHU 14, IF YOU OWN A T.V IT COMES TO THE DRESSING ROOM UNTIL YOUR RELEASED FROM SHU. UPON YOUR RELEASE WRITE TO DRESSING ROOM TO RECEIVE YOUR T.V. BACK."

THE PROBLEM IS THAT C. OFFICER K. REYELL NEVER CONFIRMED IF MY ACTUAL T.V. ARRIVED AT THE DRESSING ROOM FROM THE UPPER F BLOCK C. OFFICERS ON MAY 11, 2016. THE UPPER F BLOCK C. OFFICERS PACKED UP MY PROPERTY AFTER THE INCIDENT. I HAVE NO PROPERTY RECEIPT THAT WAS GIVEN TO ME TO ACCOUNT FOR MY T.V. WHICH I HAVE A COMMISSARY RECEIPT AND PERMIT FOR. I WAS ONLY GIVEN A PROPERTY RECEIPT FOR THE REST OF MY PROPERTY. C. OFFICER K. REYELL DID NOT CONFIRM IF MY T.V. WAS RECEIVED IN THE DRESSING ROOM AT SOON POINT. I NEED A PROPERTY RECEIPT FOR MY T.V. BECAUSE ITS NO GUARANTEE THAT ILL BE RELEASED FROM THE SHU AT THIS FACILITY. THE DRESSING ROOM SHOULDNT HAVE MY T.V. WITHOUT GIVING THE INMATE A PROPERTY RECEIPT, JUST IN CASE I AM TRANSFERRED TO ANOTHER FACILITY. ACTION REQUESTED: I WOULD LIKE FOR I.G.R.C TO "CONFIRM" THAT THE DRESSING ROOM HAVE MY ACTUAL T.V. AND IF SO, ILL LIKE TO RECEIVE A PROPERTY RECEIPT FOR THE T.V. PLEASE, LET ME KNOW IF THE T.V. FOLLOW ME TO THE NEXT FACILITY AS WELL. THANKS

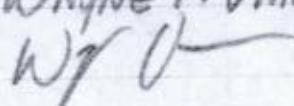
MAY 24, 2016

DEAR GRIEVANCE COMMITTEE:

IF YOU CONFIRM THAT INMATE WAYNE P. VANCE'S TELEVISION HAS BEEN STOLEN OR LOSSED BY THE UPPERF BLOCK C OFFICERS OR ANY OTHER STATE OF NEW YORK EMPLOYEE IN THE PROCESS OF PACKING OR SECURING THE INMATE PROPERTY, PLEASE INFORM ME AS SOON AS POSSIBLE SO THAT THE APPROPRIATE STEPS CAN BE TAKEN TO REIMBURSE ME FOR THE STOLEN OR LOSSED PROPERTY.

IF THE TELEVISION IS LOSSED OR STOLEN, I WOULD LIKE FOR I.G.R.C TO SEND ME A CLAIM FORM AND THE APPROPRIATE PARTY INFORMATION THAT I SHOULD SEND THE CLAIM TO WHILE I AM STILL HERE AT CLINTON. THERE HAS TO BE SOME AUTHORITY FIGURE WHO HAS THE RESPONSIBILITY OF HANDLING INMATE CLAIMS AT THIS FACILITY.

YOUR ASSISTANCE AND COOPERATION IN THIS MATTER IS GOING TO BE GREATLY APPRECIATED. THANK YOU FOR YOUR HELP AND TIME WHEN IT IS REALLY NEEDED....

SINCERELY,
WAYNE P. VANCE 1ZB3612


(39)

RESPECTFULLY SUBMITTED WITH INMATE WAYNE P. VANCE
GRIEVANCE ABOUT HIM NOT RECEIVING A PROPERTY RECEIPT FOR T.V.

PLEASE RETURN
TO INMATE BELOW

NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
INTON CORRECTIONAL FACILITY

OR POSSESSION/USE OF A PERSONALLY OWNED
TELEVISION SET

CLINTON C.F./RJD

07/28/15 19:47:18
1283682 444554
BUY LIMIT: 150.00
5400 13"FLAT SCREEN LCD 147.00
5390 10'COAX CABLE 2.44

TOTAL 149.44
30VTD77222

I authorize the deduction
of \$149.44 from my
INMATE FUND Account

to television
date's cell, room, or in dormitory bed space only.
any way.

seen tampered with or altered will be removed and inspected by facility person-
el to be repaired by the facility, or by a facility approved repair shop. Costs will be

ill result in loss of the television privileges for a specified period of time, perma-
nent loss of other privileges (i.e., commissary, recreation, etc.) based upon the findings
of the inspection.

ception is achieved via outside antenna or cable, costs for individual service,
will be paid by the inmate.

May their television sets without proper authorization.

Red to a facility where personally owned television sets are not allowed may:

- A. without Superintendent's approval, transfer ownership of the television set to another inmate, or
 - B. send it home (or carry it home if being discharged), or
 - C. donate it to charity, or
 - D. authorize its destruction.
11. Shipping or mailing will be at the inmate's expense. The facility will provide a suitable packing box.
12. Following written approval of the Superintendent, transfer of the television set to another inmate shall be handled through the commissary so that it may be re-engraved and proper records maintained.
13. By purchasing the television set described below:

Make of television set Cleve Tech

Serial Number 1408201647

Model Number LT-TV-LCD-13

I agree to follow the above guidelines.

Vance, W
Inmate Signature

1283682

DIN. #

7/28/15

Date

Original - file in inmate's Package Room Folder.
Copy to inmate